

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09-056-072	FILING DATE 4-17-98					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL IND.							3					
TOTAL DEP.												
TOTAL CLAIMS							14					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS